

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

PAGE 1 OF 134

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Michael D English</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 02 / 2014</b>	
Mailing Address <b>F4 Benton Ave Apt 4</b>		Amount <b>60.00</b>	
City <b>Searcy</b>	State <b>AR</b>	Zip Code <b>72149</b>	Transaction ID : <b>d460d99f-455b-4b95-b</b>
Purpose of Expenditure <b>Salary</b>		Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 02 / 2014</b>
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>
Calendar Year-To-Date Per Election for Office Sought <b>280777.85</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Michael D English</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 02 / 2014</b>	
Mailing Address <b>F4 Benton Ave Apt 4</b>		Amount <b>29.10</b>	
City <b>Searcy</b>	State <b>AR</b>	Zip Code <b>72149</b>	Transaction ID : <b>07cb3953-8ec7-4fb8-9</b>
Purpose of Expenditure <b>Mileage</b>		Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 02 / 2014</b>
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>
Calendar Year-To-Date Per Election for Office Sought <b>280777.85</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>89.10</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan**[Electronically Filed]*

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 2 OF 134  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Brenda L McCune</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>
Mailing Address 1254 Fleming St Apt 6		Amount 60.00
City Conway	State AR	Zip Code 72032
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : 5a9517df-3a03-448a-b Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Brenda L McCune</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>
Mailing Address 1254 Fleming St Apt 6		Amount 32.70
City Conway	State AR	Zip Code 72032
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : aa3b23e8-e6c3-4c6f-b Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	92.70
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

PAGE 3 OF 134

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Katelyn Stringer</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address 2134 Oxford Dr		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">50.00</div>	
City Salina	State KS	Zip Code 67401	<b>Transaction ID : b0f668ea-fc10-4dbf-8</b> Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		
Name of Federal Candidate Mr. Greg Orman		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>KS</u>
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">248067.91</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Katelyn Stringer</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address 2134 Oxford Dr		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2.66</div>	
City Salina	State KS	Zip Code 67401	<b>Transaction ID : a5f242d5-e3cd-4069-a</b> Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>
Purpose of Expenditure Mileage	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		
Name of Federal Candidate Mr. Greg Orman		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>KS</u>
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">248067.91</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">52.66</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)

PAGE 4 OF 134

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Kenny Wallis</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address <b>6412 Osage Dr</b>		Amount <b>80.00</b>	
City <b>North Little rock</b>	State <b>AR</b>	Zip Code <b>72116</b>	Transaction ID : <b>0cad80ad-373c-4144-8</b> Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>		
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>280777.85</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Kenny Wallis</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address <b>6412 Osage Dr</b>		Amount <b>14.10</b>	
City <b>North Little rock</b>	State <b>AR</b>	Zip Code <b>72116</b>	Transaction ID : <b>9bdec283-0b24-4f8f-9</b> Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>		
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>280777.85</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>94.10</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

PAGE 5 OF 134

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Mry S Everly</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address <b>787 N 1851 Diagonal Rd</b>		Amount <b>20.00</b>	
City <b>Lecompton</b>	State <b>KS</b>	Zip Code <b>66050</b>	Transaction ID : <b>9b8cce76-e863-490d-8</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>	
Name of Federal Candidate <b>Mr. Greg Orman</b>		<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>KS</b>	
Calendar Year-To-Date Per Election for Office Sought <b>248067.91</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Mry S Everly</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address <b>787 N 1851 Diagonal Rd</b>		Amount <b>18.00</b>	
City <b>Lecompton</b>	State <b>KS</b>	Zip Code <b>66050</b>	Transaction ID : <b>e8b1f794-a09a-40fd-a</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>	
Name of Federal Candidate <b>Mr. Greg Orman</b>		<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>KS</b>	
Calendar Year-To-Date Per Election for Office Sought <b>248067.91</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>38.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

PAGE 6 OF 134

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>James Kindstedt</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address <b>5510 Dogwood Dr</b>		Amount <b>31.70</b>	
City <b>Winston Salem</b>	State <b>NC</b>	Zip Code <b>27105</b>	Transaction ID : <b>47a25ed5-1ce5-47a8-b</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1092082.37</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>James Kindstedt</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address <b>5510 Dogwood Dr</b>		Amount <b>11.67</b>	
City <b>Winston Salem</b>	State <b>NC</b>	Zip Code <b>27105</b>	Transaction ID : <b>570eeebc-2dcd-42d6-a</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1092082.37</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>43.37</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

PAGE 7 OF 134

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		<b>FEC IDENTIFICATION NUMBER ▼</b>	
		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766         </div>	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			

Full Name of Payee <b>Judith A Murphy</b>		Date of Public Distribution/Dissemination	
Mailing Address PO Box 37		<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">03</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>	
City East Bend	State NC	Zip Code 27018	Amount 10.00
Purpose of Expenditure Salary		Category/Type 001	<b>Transaction ID : f1cf928a-4ab3-4c47-a</b> Date of Disbursement or Obligation
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Joanna Kindstedt</b>		Date of Public Distribution/Dissemination	
Mailing Address 2134 Tobaccoville Rd		<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">03</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>	
City Rural Hall	State NC	Zip Code 27045	Amount 31.70
Purpose of Expenditure Salary		Category/Type 001	<b>Transaction ID : 9466ffb5-5647-4179-9</b> Date of Disbursement or Obligation
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	41.70
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

PAGE 8 OF 134

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Camille N Yearry</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address 2025 NE 67th St		Amount <b>35.00</b>	
City Gladstone	State MO	Zip Code 64118	<b>Transaction ID : 2ced63df-16e2-4408-a</b>
Purpose of Expenditure Salary	Category/ Type	<b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought		<b>280777.85</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Camille N Yearry</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address 2025 NE 67th St		Amount <b>15.96</b>	
City Gladstone	State MO	Zip Code 64118	<b>Transaction ID : f806adac-1c99-49c5-a</b>
Purpose of Expenditure Mileage	Category/ Type	<b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought		<b>280777.85</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>50.96</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

PAGE 9 OF 134

FOR SE OF FORM 24/48

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Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Josiah B Beal</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address 2927 SW Hopkins Switch Rd		Amount 40.00	
City El Dorado	State KS	Zip Code 67042	Transaction ID : 478e2182-fdbf-441f-a
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>	
Name of Federal Candidate Mr. Greg Orman		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Shantal C Culbreath</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address 4691 Hercules Lane		Amount 60.00	
City Woodbridge	State VA	Zip Code 22193	Transaction ID : 06196a86-7988-4664-9
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	100.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
**11 / 05 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 10 OF 134  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Zachariah T Beal</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">03</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>	
Mailing Address 2927 SW Hopkins Switch Rd		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">40.00</div>	
City El Dorado	State KS	Zip Code 67042	<b>Transaction ID : 9ceaece1-c895-4757-a</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">03</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		
Name of Federal Candidate Mr. Greg Orman		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">248067.91</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Zachariah T Beal</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">03</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>	
Mailing Address 2927 SW Hopkins Switch Rd		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">10.50</div>	
City El Dorado	State KS	Zip Code 67042	<b>Transaction ID : 1ba2a1e8-a3ed-45b5-a</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">03</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>
Purpose of Expenditure Mileage	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		
Name of Federal Candidate Mr. Greg Orman		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">248067.91</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">50.50</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

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Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 11 OF 134  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div>	

Full Name of Payee <b>Lorri Anderson</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> <b>11 / 03 / 2014</b>	
Mailing Address <b>7214 Duchamp Dr</b>		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">50.00</div>	
City <b>Charlotte</b>	State <b>NC</b>	Zip Code <b>23215</b>	Transaction ID : <b>1d311845-8539-40f6-a</b>
Purpose of Expenditure <b>Salary</b>		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">001</div>	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> <b>11 / 03 / 2014</b>
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1092082.37</div>		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Lorri Anderson</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> <b>11 / 03 / 2014</b>	
Mailing Address <b>7214 Duchamp Dr</b>		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">3.90</div>	
City <b>Charlotte</b>	State <b>NC</b>	Zip Code <b>23215</b>	Transaction ID : <b>fdb40540-d0c8-4a88-b</b>
Purpose of Expenditure <b>Mileage</b>		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">002</div>	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> <b>11 / 03 / 2014</b>
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1092082.37</div>		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">53.90</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**11 / 05 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

PAGE 12 OF 134

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Kolbe J Peloquin</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address <b>623 Union Park Circle</b>		Amount <b>50.00</b>	
City <b>Colwich</b>	State <b>KS</b>	Zip Code <b>67030</b>	Transaction ID : <b>dc8ed615-a080-4a50-a</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>	
Name of Federal Candidate <b>Mr. Greg Orman</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>KS</b>	
Calendar Year-To-Date Per Election for Office Sought <b>248067.91</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Kolbe J Peloquin</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address <b>623 Union Park Circle</b>		Amount <b>18.90</b>	
City <b>Colwich</b>	State <b>KS</b>	Zip Code <b>67030</b>	Transaction ID : <b>f3c2e763-6eba-4b35-b</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>	
Name of Federal Candidate <b>Mr. Greg Orman</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>KS</b>	
Calendar Year-To-Date Per Election for Office Sought <b>248067.91</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>68.90</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**11 / 05 / 2014**

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 13 OF 134  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Hannah J Landry</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">11 / 03 / 2014</div> </div>	
Mailing Address    1110 N Coolidge		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">45.00</div>	
City Gonzales	State LA	Zip Code 70737	<b>Transaction ID : b88a80b4-c70b-45cc-9</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">11 / 03 / 2014</div> </div>
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ►	

Full Name of Payee <b>Hannah J Landry</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">11 / 03 / 2014</div> </div>	
Mailing Address    1110 N Coolidge		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">20.40</div>	
City Gonzales	State LA	Zip Code 70737	<b>Transaction ID : b93ab6fe-59e3-486b-b</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">11 / 03 / 2014</div> </div>
Purpose of Expenditure Mileage	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ►	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;">65.40</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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11 / 05 / 2014

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 14 OF 134  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Mary C Lee</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address 1030 N Coolidge Ave		Amount <b>45.00</b>	
City Gonzales	State LA	Zip Code 70737	<b>Transaction ID : 5263ace2-c3f2-4f33-9</b>
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA	
Calendar Year-To-Date Per Election for Office Sought <b>233263.10</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Mary C Lee</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address 1030 N Coolidge Ave		Amount <b>20.40</b>	
City Gonzales	State LA	Zip Code 70737	<b>Transaction ID : 4a177407-b924-43c7-8</b>
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA	
Calendar Year-To-Date Per Election for Office Sought <b>233263.10</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>65.40</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**11 / 05 / 2014**

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 15 OF 134  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Lilly Green</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address <b>205 Medallion Circle</b>		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">80.00</div>	
City <b>Shreveport</b>	State <b>LA</b>	Zip Code <b>71119</b>	<b>Transaction ID : ae6ec119-2b8f-4b77-a</b> Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>
Purpose of Expenditure Salary		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">233263.10</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Lilly Green</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address <b>205 Medallion Circle</b>		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">88.20</div>	
City <b>Shreveport</b>	State <b>LA</b>	Zip Code <b>71119</b>	<b>Transaction ID : 8d2f096f-01bb-4260-b</b> Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>
Purpose of Expenditure Mileage		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">233263.10</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">168.20</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**11 / 05 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

PAGE 16 OF 134

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Toni A Persinger-Buckler</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address 5330 Nestleway Dr		Amount <b>52.50</b>	
City Clemmons	State NC	Zip Code 27012	Transaction ID : <b>998ea744-fe0f-4742-b</b>
Purpose of Expenditure Salary	Category/ Type	<b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		<b>1092082.37</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Toni A Persinger-Buckler</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address 5330 Nestleway Dr		Amount <b>6.90</b>	
City Clemmons	State NC	Zip Code 27012	Transaction ID : <b>c4d7cc27-49d3-432f-b</b>
Purpose of Expenditure Mileage	Category/ Type	<b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		<b>1092082.37</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>59.40</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)

PAGE 17 OF 134

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Alisha A Hauser</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address <b>199 Raven Circle</b>		Amount <b>45.00</b>	
City <b>Wilkesboro</b>	State <b>NC</b>	Zip Code <b>28697</b>	Transaction ID : <b>624eba62-0a54-4715-9</b> Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>
Purpose of Expenditure Salary		Category/Type <b>001</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <b>1092082.37</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Alisha A Hauser</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address <b>199 Raven Circle</b>		Amount <b>19.50</b>	
City <b>Wilkesboro</b>	State <b>NC</b>	Zip Code <b>28697</b>	Transaction ID : <b>907f0cd1-8c73-4989-9</b> Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>
Purpose of Expenditure Mileage		Category/Type <b>002</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <b>1092082.37</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>64.50</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

PAGE 18 OF 134

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		<b>FEC IDENTIFICATION NUMBER ▼</b>	
		<div style="border: 1px solid black; display: inline-block; padding: 2px 10px;"> <b>C</b> C00530766       </div>	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			

Full Name of Payee <b>David Ford</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>		
Mailing Address <b>106 Hillside St</b>			Amount <div style="border: 1px solid black; display: inline-block; padding: 2px 20px;">62.50</div>		
City <b>Spindale</b>	State <b>NC</b>	Zip Code <b>28160</b>	Transaction ID : <b>6f0ddf5c-6a32-49a3-a</b>		
Purpose of Expenditure <b>Salary</b>		Category/Type <div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">001</div>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>		
Name of Federal Candidate <b>Ms. Kay Hagan</b>			Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; display: inline-block; padding: 2px 20px;">1092082.37</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>David Ford</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>		
Mailing Address <b>106 Hillside St</b>			Amount <div style="border: 1px solid black; display: inline-block; padding: 2px 20px;">42.60</div>		
City <b>Spindale</b>	State <b>NC</b>	Zip Code <b>28160</b>	Transaction ID : <b>809f362f-652e-41f3-8</b>		
Purpose of Expenditure <b>Mileage</b>		Category/Type <div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">002</div>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>		
Name of Federal Candidate <b>Ms. Kay Hagan</b>			Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; display: inline-block; padding: 2px 20px;">1092082.37</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; display: inline-block; padding: 2px 20px;">105.10</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; display: inline-block; padding: 2px 20px;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; display: inline-block; padding: 2px 20px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 19 OF 134  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Adam L Clark</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address <b>1851 S Laura St</b>		Amount <b>10.00</b>	
City <b>Wichita</b>	State <b>KS</b>	Zip Code <b>67211</b>	Transaction ID : <b>d5914ac7-4eae-472b-8</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>	
Name of Federal Candidate <b>Mr. Greg Orman</b>		<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>KS</b>	
Calendar Year-To-Date Per Election for Office Sought <b>248067.91</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Adam L Clark</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address <b>1851 S Laura St</b>		Amount <b>7.50</b>	
City <b>Wichita</b>	State <b>KS</b>	Zip Code <b>67211</b>	Transaction ID : <b>d622ec39-de17-4d35-b</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>	
Name of Federal Candidate <b>Mr. Greg Orman</b>		<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>KS</b>	
Calendar Year-To-Date Per Election for Office Sought <b>248067.91</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>17.50</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 20 OF 134  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Corey S McKnight</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>
Mailing Address 1510 Bailey St		Amount 47.00
City West Monroe	State LA	Zip Code 71292
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : 188834fc-2826-4802-b Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 233263.10		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Corey S McKnight</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>
Mailing Address 1510 Bailey St		Amount 47.00
City West Monroe	State LA	Zip Code 71292
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : f719ccc8-1c5f-4889-8 Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 233263.10		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	94.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 21 OF 134  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Nathan D Stevens</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>		
Mailing Address 9653 Nations Dr			Amount <b>25.00</b>		
City Springdale	State AR	Zip Code 72762	Transaction ID : <b>864bac63-ec84-46a0-8</b>		
Purpose of Expenditure Salary	Category/ Type	<b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>		
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Nathan D Stevens</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>		
Mailing Address 9653 Nations Dr			Amount <b>14.70</b>		
City Springdale	State AR	Zip Code 72762	Transaction ID : <b>4ba294d9-36f0-4f8c-8</b>		
Purpose of Expenditure Mileage	Category/ Type	<b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>		
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>39.70</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 22 OF 134  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Luke S Buren</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address <b>415 E Carroll</b>		Amount <b>25.00</b>	
City <b>Macomb</b>	State <b>IL</b>	Zip Code <b>61455</b>	Transaction ID : <b>d5a56711-d2b7-48d7-8</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>280777.85</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Cathy Longtin</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address <b>827 Navavre Ave</b>		Amount <b>45.00</b>	
City <b>New Orleans</b>	State <b>LA</b>	Zip Code <b>70124</b>	Transaction ID : <b>e4d4c636-42fc-40ca-b</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>233263.10</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>70.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 23 OF 134  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Cathy Longtin</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address <b>827 Navavre Ave</b>		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">9.00</div>	
City <b>New Orleans</b>	State <b>LA</b>	Zip Code <b>70124</b>	<b>Transaction ID : c0c423ff-61fb-4d3a-a</b> Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>
Purpose of Expenditure Mileage		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">233263.10</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Anselma A Trinidad</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address <b>7915 Curtina Ln</b>		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">90.00</div>	
City <b>Lewisville</b>	State <b>NC</b>	Zip Code <b>27023</b>	<b>Transaction ID : 312f8a87-6491-44d6-8</b> Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>
Purpose of Expenditure Salary		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1092082.37</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">99.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan*
*[Electronically Filed]*

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**11 / 05 / 2014**

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 24 OF 134  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Sarah Bassil</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address <b>7650 Fallswood Way</b>		Amount <b>30.00</b>	
City <b>Lorton</b>	State <b>VA</b>	Zip Code <b>22079</b>	Transaction ID : <b>60097afd-dba6-4f1e-b</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>	
Name of Federal Candidate <b>Mr. Greg Orman</b>		<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>KS</b>	
Calendar Year-To-Date Per Election for Office Sought <b>248067.91</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Sarah Bassil</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address <b>7650 Fallswood Way</b>		Amount <b>30.00</b>	
City <b>Lorton</b>	State <b>VA</b>	Zip Code <b>22079</b>	Transaction ID : <b>11ffa051-c626-4430-a</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>	
Name of Federal Candidate <b>Mr. Greg Orman</b>		<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>KS</b>	
Calendar Year-To-Date Per Election for Office Sought <b>248067.91</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>60.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**11 / 05 / 2014**

Signature



**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 25 OF 134  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Sarah Bassil</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address <b>7650 Fallswood Way</b>		Amount <b>30.00</b>	
City <b>Lorton</b>	State <b>VA</b>	Zip Code <b>22079</b>	Transaction ID : <b>12a37deb-ace1-4c39-a</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>	
Name of Federal Candidate <b>Mr. Greg Orman</b>		<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>KS</b>	
Calendar Year-To-Date Per Election for Office Sought <b>248067.91</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Sue G Walker</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address <b>3 Girard</b>		Amount <b>80.00</b>	
City <b>Fort Smith</b>	State <b>AR</b>	Zip Code <b>72901</b>	Transaction ID : <b>8237bcd6-64dd-45f9-9</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>280777.85</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>110.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

PAGE 26 OF 134

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Eva M Johnston</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>
Mailing Address <b>2517 N 47th St</b>		Amount <b>40.00</b>
City <b>Milwaukee</b>	State <b>WI</b>	Zip Code <b>53210</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Transaction ID : <b>8034b515-67d6-4bcd-a</b> Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>
Name of Federal Candidate <b>Mr. Greg Orman</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>KS</b>
Calendar Year-To-Date Per Election for Office Sought <b>248067.91</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Patricia F Arnold</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>
Mailing Address <b>1117 Clipper Dr</b>		Amount <b>13.00</b>
City <b>Slidell</b>	State <b>LA</b>	Zip Code <b>70458</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Transaction ID : <b>9aea328b-5c2f-41d1-9</b> Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>
Calendar Year-To-Date Per Election for Office Sought <b>233263.10</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>53.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan**[Electronically Filed]*

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**11 / 05 / 2014**

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

PAGE 27 OF 134

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Patricia F Arnold</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">11 / 03 / 2014</div> </div>	
Mailing Address 1117 Clipper Dr		Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>3.66</span> </div>	
City Slidell	State LA	Zip Code 70458	<b>Transaction ID : 28eafe8a-8b49-4dc6-b</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">11 / 03 / 2014</div> </div>
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>233263.10</span> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Kenny Wallis</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">11 / 03 / 2014</div> </div>	
Mailing Address 6412 Osage Dr		Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>80.00</span> </div>	
City North Little rock	State AR	Zip Code 72116	<b>Transaction ID : d16e6b6b-c1cd-42ec-8</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">11 / 03 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>280777.85</span> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>83.66</span> </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span></span> </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span></span> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)

PAGE 28 OF 134

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Kenny Wallis</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address <b>6412 Osage Dr</b>		Amount <b>6.54</b>	
City <b>North Little rock</b>	State <b>AR</b>	Zip Code <b>72116</b>	Transaction ID : <b>cfa1cdbc-4684-414c-9</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>280777.85</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Joshua J Huffman</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address <b>211 Dixie Ave</b>		Amount <b>20.00</b>	
City <b>Harrisonburg</b>	State <b>VA</b>	Zip Code <b>22801</b>	Transaction ID : <b>d14013a2-6eaa-4881-a</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>	
Name of Federal Candidate <b>Mr. Greg Orman</b>		<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>KS</b>	
Calendar Year-To-Date Per Election for Office Sought <b>248067.91</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>26.54</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 29 OF 134  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Edmond D Rea</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address <b>416 Vine Dr</b>		Amount <b>85.00</b>	
City <b>Lawrence</b>	State <b>KS</b>	Zip Code <b>66049</b>	Transaction ID : <b>3d3c76f7-3490-4ad6-8</b> Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>
Purpose of Expenditure <b>Salary</b>		Category/ Type <b>001</b>	
Name of Federal Candidate <b>Mr. Greg Orman</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>KS</b>
Calendar Year-To-Date Per Election for Office Sought <b>248067.91</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Edmond D Rea</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address <b>416 Vine Dr</b>		Amount <b>12.93</b>	
City <b>Lawrence</b>	State <b>KS</b>	Zip Code <b>66049</b>	Transaction ID : <b>3720c67d-1981-4f70-a</b> Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>
Purpose of Expenditure <b>Mileage</b>		Category/ Type <b>002</b>	
Name of Federal Candidate <b>Mr. Greg Orman</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>KS</b>
Calendar Year-To-Date Per Election for Office Sought <b>248067.91</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>97.93</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 30 OF 134  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Lisa Booth</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address <b>1434 South Avenue</b>		Amount <b>100.00</b>	
City <b>Eden</b>	State <b>NC</b>	Zip Code <b>27288</b>	Transaction ID : <b>8f2f678b-6d77-4934-b</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1092082.37</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Lisa Booth</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address <b>1434 South Avenue</b>		Amount <b>25.50</b>	
City <b>Eden</b>	State <b>NC</b>	Zip Code <b>27288</b>	Transaction ID : <b>6fa77128-db11-4e8e-a</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1092082.37</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>125.50</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 31 OF 134  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Heather A Smith</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 11 / 03 / 2014</div> </div>	
Mailing Address 995 Clairborne Rd		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">53.00</div>	
City State Zip Code Calhoun LA 71225	<b>Transaction ID : eef85363-cf2c-44bf-a</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 11 / 03 / 2014</div> </div>		
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Heather A Smith</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 11 / 03 / 2014</div> </div>	
Mailing Address 995 Clairborne Rd		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">19.80</div>	
City State Zip Code Calhoun LA 71225	<b>Transaction ID : 00e1cc2a-aead-4446-8</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 11 / 03 / 2014</div> </div>		
Purpose of Expenditure Mileage	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">72.80</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 32 OF 134  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Joseph R Rys</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>
Mailing Address <b>160 #50 Pompano Dr</b>		Amount <b>77.50</b>
City <b>New Bern</b>	State <b>NC</b>	Zip Code <b>28560</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Transaction ID : <b>889914a1-5017-48d3-9</b> Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>
Name of Federal Candidate <b>Ms. Kay Hagan</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <b>1092082.37</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Joseph R Rys</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>
Mailing Address <b>160 #50 Pompano Dr</b>		Amount <b>6.72</b>
City <b>New Bern</b>	State <b>NC</b>	Zip Code <b>28560</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Transaction ID : <b>d9f9793b-caaf-4c74-a</b> Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>
Name of Federal Candidate <b>Ms. Kay Hagan</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <b>1092082.37</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>84.22</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan**[Electronically Filed]*

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**11 / 05 / 2014**

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 33 OF 134  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		<b>FEC IDENTIFICATION NUMBER ▼</b>	
		<div style="border: 1px solid black; display: inline-block; padding: 2px 10px;"> <b>C</b> C00530766         </div>	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Andrea L Hammond</b>			Date of Public Distribution/Dissemination		
Mailing Address 12920 Kneeland Ln			<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">03</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
City Neosho	State MO	Zip Code 64850	Amount 40.00		
Purpose of Expenditure Salary		Category/ Type 001	<b>Transaction ID : bec9119c-e77a-4675-9</b> Date of Disbursement or Obligation		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Andrea L Hammond</b>			Date of Public Distribution/Dissemination		
Mailing Address 12920 Kneeland Ln			<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">03</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
City Neosho	State MO	Zip Code 64850	Amount 28.50		
Purpose of Expenditure Mileage		Category/ Type 002	<b>Transaction ID : fa617a20-a2b6-4465-a</b> Date of Disbursement or Obligation		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	68.50
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

PAGE 34 OF 134

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Antoinette Franklin</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address <b>8822 Apple St</b>		Amount <b>80.00</b>	
City <b>New Orleans</b>	State <b>LA</b>	Zip Code <b>70188</b>	Transaction ID : <b>7ecf6b1c-7ec3-418a-a</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>233263.10</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Antoinette Franklin</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address <b>8822 Apple St</b>		Amount <b>16.50</b>	
City <b>New Orleans</b>	State <b>LA</b>	Zip Code <b>70188</b>	Transaction ID : <b>5694ed01-f24d-4f11-9</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>233263.10</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>96.50</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)

PAGE 35 OF 134

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Avery Rodriguez</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address <b>11 Cooper Lane</b>		Amount <b>112.00</b>	
City <b>Conway</b>	State <b>AR</b>	Zip Code <b>72034</b>	Transaction ID : <b>9de48e5b-8b05-4bc5-8</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>280777.85</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Avery Rodriguez</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address <b>11 Cooper Lane</b>		Amount <b>38.40</b>	
City <b>Conway</b>	State <b>AR</b>	Zip Code <b>72034</b>	Transaction ID : <b>3f93b820-221b-4853-9</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>280777.85</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>150.40</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)

PAGE 36 OF 134

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Brittany A Frederick</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address <b>18793 Hilltop Ln</b>		Amount <b>80.00</b>	
City <b>Nevada</b>	State <b>TX</b>	Zip Code <b>75173</b>	Transaction ID : <b>6b7db890-7667-443d-b</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>280777.85</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Carla K Pilgreen</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address <b>212 Stonecliff Dr</b>		Amount <b>90.00</b>	
City <b>West Monro</b>	State <b>LA</b>	Zip Code <b>71291</b>	Transaction ID : <b>8edd92f3-9b33-42f6-b</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>233263.10</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>170.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

PAGE 37 OF 134

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Carla K Pilgreen</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address <b>212 Stonecliff Dr</b>		Amount <b>30.00</b>	
City <b>West Monro</b>	State <b>LA</b>	Zip Code <b>71291</b>	Transaction ID : <b>e097837c-54ec-446a-a</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>233263.10</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Bailey R Blair</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address <b>402A N 10th St</b>		Amount <b>15.00</b>	
City <b>Manhattan</b>	State <b>KS</b>	Zip Code <b>66502</b>	Transaction ID : <b>f3fe07d4-febc-458c-8</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1092082.37</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>45.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)

PAGE 38 OF 134

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Jeanne Tribou</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address <b>22369 Ponderosa Dr.</b>		Amount <b>50.00</b>	
City <b>Mandeville</b>	State <b>LA</b>	Zip Code <b>70471</b>	Transaction ID : <b>c3463ab4-911b-4a66-b</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>233263.10</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Jeanne Tribou</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address <b>22369 Ponderosa Dr.</b>		Amount <b>14.10</b>	
City <b>Mandeville</b>	State <b>LA</b>	Zip Code <b>70471</b>	Transaction ID : <b>4dc2defb-54ff-41d9-8</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>233263.10</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>64.10</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

PAGE 39 OF 134

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Janet Morris</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>		
Mailing Address 620 Old Barbome Rd Lot 2			Amount 20.00		
City West Monroe	State LA	Zip Code 71291	Transaction ID : c2b0ba16-ccb5-471d-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1092082.37			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Janet Morris</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>		
Mailing Address 620 Old Barbome Rd Lot 2			Amount 20.00		
City West Monroe	State LA	Zip Code 71291	Transaction ID : 9a0f46cd-0696-4bb1-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 233263.10			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	40.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**11 / 05 / 2014**

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 40 OF 134  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Ruthie M Thompson</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">03</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>	
Mailing Address 286 Wrenn Drive		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">15.00</div>	
City Lexington	State NC	Zip Code 27292	<b>Transaction ID : 298959c0-f37a-4dda-b</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">03</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		
Name of Federal Candidate Ms. Kay Hagan		<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support  <input checked="" type="checkbox"/> Oppose         </div> <div>           Office Sought: <input type="checkbox"/> House District: 00  <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC         </div> </div>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Ruthie M Thompson</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">03</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>	
Mailing Address 286 Wrenn Drive		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">3.60</div>	
City Lexington	State NC	Zip Code 27292	<b>Transaction ID : b8734bb7-3c78-4caa-9</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">03</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>
Purpose of Expenditure Mileage	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		
Name of Federal Candidate Ms. Kay Hagan		<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support  <input checked="" type="checkbox"/> Oppose         </div> <div>           Office Sought: <input type="checkbox"/> House District: 00  <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC         </div> </div>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">18.60</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)

PAGE 41 OF 134

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Marilyn A Holt</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address 314 Tumbleweed Dr		Amount <b>15.00</b>	
City Winston Salem	State NC	Zip Code 27127	Transaction ID : <b>642fc1d1-ae58-40e7-8</b>
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President    State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought <b>1092082.37</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Marilyn A Holt</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address 314 Tumbleweed Dr		Amount <b>10.80</b>	
City Winston Salem	State NC	Zip Code 27127	Transaction ID : <b>d2195c06-b0da-40bb-a</b>
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President    State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought <b>1092082.37</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>25.80</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 42 OF 134  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>April A Watson</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>
Mailing Address 30217 Crook Rd		Amount 10.00
City Cleveland	State MO	Zip Code 64734
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : a5b32023-049a-434d-8 Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>
Name of Federal Candidate Mr. Greg Orman		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 248067.91		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>April A Watson</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>
Mailing Address 30217 Crook Rd		Amount 25.20
City Cleveland	State MO	Zip Code 64734
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : 53d549a7-970e-4c0d-a Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>
Name of Federal Candidate Mr. Greg Orman		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 248067.91		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	35.20
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

PAGE 43 OF 134

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Avery Watson</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address 30217 Crook Rd		Amount 12.00	
City Cleveland	State MO	Zip Code 64734	Transaction ID : a0738b61-143b-483d-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>	
Name of Federal Candidate Mr. Greg Orman		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Barbara A Williams</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address 3002 Darden Rd Apt A		Amount 75.00	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 371f5eee-53fd-41ed-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	87.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

PAGE 44 OF 134

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Cayenne C Corbin</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address <b>1851 S Laura St</b>		Amount <b>10.00</b>	
City <b>Wichita</b>	State <b>KS</b>	Zip Code <b>67211</b>	Transaction ID : <b>4c47bfbb-f3b0-4515-a</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>	
Name of Federal Candidate <b>Mr. Greg Orman</b>		<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>KS</b>	
Calendar Year-To-Date Per Election for Office Sought <b>248067.91</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Cayenne C Corbin</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address <b>1851 S Laura St</b>		Amount <b>7.50</b>	
City <b>Wichita</b>	State <b>KS</b>	Zip Code <b>67211</b>	Transaction ID : <b>61d4634d-b35c-459f-9</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>	
Name of Federal Candidate <b>Mr. Greg Orman</b>		<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>KS</b>	
Calendar Year-To-Date Per Election for Office Sought <b>248067.91</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>17.50</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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**11 / 05 / 2014**

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

PAGE 45	OF 134
FOR SE OF FORM 24/48	

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Daniel M Quackenbush</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address 12062 NC 902 Hwy		Amount <b>72.50</b>	
City Bear Creek	State NC	Zip Code 27207	Transaction ID : e7497888-7485-4ed9-b
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Daniel M Quackenbush</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address 12062 NC 902 Hwy		Amount <b>27.60</b>	
City Bear Creek	State NC	Zip Code 27207	Transaction ID : 15ada003-cbdb-416a-8
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>100.10</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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**11 / 05 / 2014**

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 46 OF 134  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Kevin L Battle</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address <b>3300 Asher Ave</b>		Amount <b>90.00</b>	
City <b>Little Rock</b>	State <b>AR</b>	Zip Code <b>72204</b>	Transaction ID : <b>569393ed-d269-444e-b</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>280777.85</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Kevin L Battle</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address <b>3300 Asher Ave</b>		Amount <b>63.00</b>	
City <b>Little Rock</b>	State <b>AR</b>	Zip Code <b>72204</b>	Transaction ID : <b>6b3f43b2-bc79-4213-8</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>280777.85</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>153.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 47 OF 134  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Benjamin L Heitman</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 11 / 03 / 2014</div> </div>	
Mailing Address 2520 Helmstetler Rd		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">83.00</div>	
City Lexington	State NC	Zip Code 27295	<b>Transaction ID : f7405f85-e98d-412c-8</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 11 / 03 / 2014</div> </div>
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">1092082.37</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Benjamin L Heitman</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 11 / 03 / 2014</div> </div>	
Mailing Address 2520 Helmstetler Rd		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">11.10</div>	
City Lexington	State NC	Zip Code 27295	<b>Transaction ID : 6631dabf-0d84-45c9-9</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 11 / 03 / 2014</div> </div>
Purpose of Expenditure Mileage	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">1092082.37</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">94.10</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan*
*[Electronically Filed]*

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

PAGE 48 OF 134

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Gary W Fuhrmann</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">03</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>	
Mailing Address 9425 Jessica Drive		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">65.00</div>	
City Shreveport	State LA	Zip Code 71106	<b>Transaction ID : 4018cedc-19c1-4a10-b</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">03</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">233263.10</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Gary W Fuhrmann</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">03</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>	
Mailing Address 9425 Jessica Drive		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">20.40</div>	
City Shreveport	State LA	Zip Code 71106	<b>Transaction ID : 238a9663-04b7-45e4-a</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">03</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>
Purpose of Expenditure Mileage	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">233263.10</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">85.40</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 49 OF 134  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Christopher Marquess</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address <b>110 W Pecan St</b>		Amount <b>60.00</b>	
City <b>Ville Platte</b>	State <b>LA</b>	Zip Code <b>70586</b>	Transaction ID : <b>1b3d4dbd-e3dd-4d4b-8</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>233263.10</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Christopher Marquess</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address <b>110 W Pecan St</b>		Amount <b>38.10</b>	
City <b>Ville Platte</b>	State <b>LA</b>	Zip Code <b>70586</b>	Transaction ID : <b>957236ce-1ec0-4d47-8</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>233263.10</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>98.10</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 50 OF 134  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Ceslie A Benner</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>
Mailing Address 2081 Knob Hill Rd		Amount 70.00
City <b>Azle</b>	State <b>TX</b>	Zip Code <b>76020</b>
Purpose of Expenditure Salary	Category/Type <b>001</b>	Transaction ID : <b>87512a94-5b2a-46d8-a</b> Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> Senate State: <b>AR</b>
Calendar Year-To-Date Per Election for Office Sought <b>280777.85</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Ceslie A Benner</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>
Mailing Address 2081 Knob Hill Rd		Amount 41.10
City <b>Azle</b>	State <b>TX</b>	Zip Code <b>76020</b>
Purpose of Expenditure Mileage	Category/Type <b>002</b>	Transaction ID : <b>d96b7a44-f517-41bd-a</b> Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> Senate State: <b>AR</b>
Calendar Year-To-Date Per Election for Office Sought <b>280777.85</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>111.10</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

PAGE 51 OF 134

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Julie M Gentry</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address <b>314 S Main St</b>		Amount <b>72.50</b>	
City <b>Roxboro</b>	State <b>NC</b>	Zip Code <b>27573</b>	Transaction ID : <b>709db60f-edba-4a8b-b</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1092082.37</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Julie M Gentry</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address <b>314 S Main St</b>		Amount <b>18.75</b>	
City <b>Roxboro</b>	State <b>NC</b>	Zip Code <b>27573</b>	Transaction ID : <b>ef545b91-7934-4724-8</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1092082.37</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>91.25</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 52 OF 134  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Kyler A Jost</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 11 / 03 / 2014</div> </div>	
Mailing Address 1830 College Height Rd		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">20.00</div>	
City Manhattan	State KS	Zip Code 66502	<b>Transaction ID : d943903f-a0f4-45e6-b</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 11 / 03 / 2014</div> </div>
Purpose of Expenditure Salary	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		
Name of Federal Candidate Mr. Greg Orman		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KS
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">248067.91</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Kyler A Jost</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 11 / 03 / 2014</div> </div>	
Mailing Address 1830 College Height Rd		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">4.80</div>	
City Manhattan	State KS	Zip Code 66502	<b>Transaction ID : 18e12898-6f02-47fb-8</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 11 / 03 / 2014</div> </div>
Purpose of Expenditure Mileage	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		
Name of Federal Candidate Mr. Greg Orman		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KS
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">248067.91</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">24.80</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 53 OF 134  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Paulette M Carrieri</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address <b>4805 TuPenny Lane</b>		Amount <b>60.00</b>	
City <b>Raleigh</b>	State <b>NC</b>	Zip Code <b>27606</b>	Transaction ID : <b>113b32ff-a3a4-48c6-b</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1092082.37</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Paulette M Carrieri</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address <b>4805 TuPenny Lane</b>		Amount <b>21.00</b>	
City <b>Raleigh</b>	State <b>NC</b>	Zip Code <b>27606</b>	Transaction ID : <b>549f06c1-caea-4501-9</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1092082.37</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>81.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 54 OF 134  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Diane Smith</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address 4006 Wolkswalk Place		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">20.00</div>	
City Raleigh	State NC	Zip Code 27610	<b>Transaction ID : 60629ae3-1dc4-4681-b</b> Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>
Purpose of Expenditure Salary		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1092082.37</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Diane Smith</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address 4006 Wolkswalk Place		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.30</div>	
City Raleigh	State NC	Zip Code 27610	<b>Transaction ID : 7d4695e6-34ab-4712-a</b> Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>
Purpose of Expenditure Mileage		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1092082.37</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">20.30</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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**11 / 05 / 2014**

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

PAGE 55 OF 134

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		<b>FEC IDENTIFICATION NUMBER ▼</b>	
		<div style="border: 1px solid black; display: inline-block; padding: 2px 10px;"> <b>C</b> C00530766         </div>	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			

Full Name of Payee <b>Felicia A Jones</b>			Date of Public Distribution/Dissemination		
Mailing Address 4106 Martha St			<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">03</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
City Shreveport	State LA	Zip Code 71109	Amount 90.00		
Purpose of Expenditure Salary		Category/ Type 001	<b>Transaction ID : c6882640-c153-43b4-a</b> Date of Disbursement or Obligation		
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Felicia A Jones</b>			Date of Public Distribution/Dissemination		
Mailing Address 4106 Martha St			<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">03</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
City Shreveport	State LA	Zip Code 71109	Amount 11.10		
Purpose of Expenditure Mileage		Category/ Type 002	<b>Transaction ID : 7fd2f4d8-25d1-42f4-a</b> Date of Disbursement or Obligation		
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	101.10
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 56 OF 134  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Lee R Carter</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address 3110 Brentwood Rd		Amount <b>97.50</b>	
City <b>Raleigh</b>	State <b>NC</b>	Zip Code <b>27604</b>	Transaction ID : <b>5cc12684-6d6b-411a-b</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		District: <b>00</b> State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1092082.37</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Lee R Carter</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address 3110 Brentwood Rd		Amount <b>13.50</b>	
City <b>Raleigh</b>	State <b>NC</b>	Zip Code <b>27604</b>	Transaction ID : <b>83b4c24d-6be7-4d1b-a</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		District: <b>00</b> State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1092082.37</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>111.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 57 OF 134  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Mary Catherine Toburen</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address 1222 SE 44 St		Amount 57.50	
City Topeka	State KS	Zip Code 66609	Transaction ID : 34253e67-6d31-463b-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>	
Name of Federal Candidate Mr. Greg Orman		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Gabriela P Sosa</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address 2530 Brook Stone Dr		Amount 90.00	
City Clemmons	State NC	Zip Code 27012	Transaction ID : e90813cb-ebb5-4a93-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	147.50
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 58 OF 134  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Gabriela P Sosa</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address 2530 Brook Stone Dr		Amount <b>18.00</b>	
City Clemmons	State NC	Zip Code 27012	Transaction ID : <b>dedeedd1-5260-4962-8</b> Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>
Purpose of Expenditure Mileage		Category/ Type <b>002</b>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Michael D English</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address F4 Benton Ave Apt 4		Amount <b>60.00</b>	
City Searcy	State AR	Zip Code 72149	Transaction ID : <b>7ab7990b-3a40-4818-9</b> Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>
Purpose of Expenditure Salary		Category/ Type <b>001</b>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>78.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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**11 / 05 / 2014**

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 59 OF 134  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Michael D English</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address <b>F4 Benton Ave Apt 4</b>		Amount <b>28.50</b>	
City <b>Searcy</b>	State <b>AR</b>	Zip Code <b>72149</b>	Transaction ID : <b>56ec180d-857a-4981-a</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>280777.85</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Eric J Smith</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address <b>4967 Dysartville</b>		Amount <b>80.00</b>	
City <b>Morganton</b>	State <b>NC</b>	Zip Code <b>28655</b>	Transaction ID : <b>e8f283ec-3352-4add-9</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1092082.37</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>108.50</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 60 OF 134  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Jennifer E Smith</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address <b>4967 Dysartsville Rd</b>		Amount <b>80.00</b>	
City <b>Morganton</b>	State <b>NC</b>	Zip Code <b>28655</b>	Transaction ID : <b>7d27fb65-9bdb-4607-8</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1092082.37</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Jennifer E Smith</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address <b>4967 Dysartsville Rd</b>		Amount <b>9.30</b>	
City <b>Morganton</b>	State <b>NC</b>	Zip Code <b>28655</b>	Transaction ID : <b>48d97742-ecfe-42fa-9</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1092082.37</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>89.30</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 61 OF 134  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Logan B Piper</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address 3205 Pebble Beach Rd		Amount <b>56.00</b>	
City Conway	State AR	Zip Code 72034	<b>Transaction ID : 8d85c67d-3ec4-4e6b-a</b>
Purpose of Expenditure Salary	Category/ Type	<b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought		<b>280777.85</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Logan B Piper</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address 3205 Pebble Beach Rd		Amount <b>23.52</b>	
City Conway	State AR	Zip Code 72034	<b>Transaction ID : b7d515d8-9e66-41a5-b</b>
Purpose of Expenditure Mileage	Category/ Type	<b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought		<b>280777.85</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>79.52</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 62 OF 134  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Brenda L McCune</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>
Mailing Address 1254 Fleming St Apt 6		Amount <b>145.00</b>
City Conway	State AR	Zip Code 72032
Purpose of Expenditure Salary	Category/ Type <b>001</b>	Transaction ID : <b>42d1d942-6b57-407f-8</b> Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Brenda L McCune</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>
Mailing Address 1254 Fleming St Apt 6		Amount <b>53.10</b>
City Conway	State AR	Zip Code 72032
Purpose of Expenditure Mileage	Category/ Type <b>002</b>	Transaction ID : <b>9bc46367-6250-442a-b</b> Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>198.10</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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**11 / 05 / 2014**

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 63 OF 134  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div>	

Full Name of Payee <b>Zachary Vidrine</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div>	
Mailing Address 202 Rue Des Cajun		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">50.00</div>	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : f950dd7e-dc10-4a89-b
Purpose of Expenditure Salary	Category/ Type	<div style="border: 1px solid black; padding: 2px;">001</div>	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div>
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">233263.10</div>	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Zachary Vidrine</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div>	
Mailing Address 202 Rue Des Cajun		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">18.00</div>	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : c7b6ef83-459b-4269-9
Purpose of Expenditure Mileage	Category/ Type	<div style="border: 1px solid black; padding: 2px;">002</div>	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div>
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">233263.10</div>	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">68.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 64 OF 134  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div>	

Full Name of Payee <b>Alice K Salazar</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> <b>11 / 03 / 2014</b>	
Mailing Address <b>605 W Houston St</b>		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">80.00</div>	
City <b>Marshall</b>	State <b>TX</b>	Zip Code <b>75633</b>	Transaction ID : <b>84d867ef-1a82-4982-a</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">001</div>	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> <b>11 / 03 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">233263.10</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>Alice K Salazar</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> <b>11 / 03 / 2014</b>	
Mailing Address <b>605 W Houston St</b>		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">51.00</div>	
City <b>Marshall</b>	State <b>TX</b>	Zip Code <b>75633</b>	Transaction ID : <b>ab48f2cf-5052-4f10-9</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">002</div>	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> <b>11 / 03 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">233263.10</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">131.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**11 / 05 / 2014**

Signature



**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

PAGE 65 OF 134

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Gregory Green</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address 2506 Bolch Street		Amount 80.00	
City Shreveport	State LA	Zip Code 71104	Transaction ID : e71969a4-884e-4874-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: LA	
Calendar Year-To-Date Per Election for Office Sought 233263.10		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Gregory Green</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address 2506 Bolch Street		Amount 82.80	
City Shreveport	State LA	Zip Code 71104	Transaction ID : 7717af29-ea87-44a5-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: LA	
Calendar Year-To-Date Per Election for Office Sought 233263.10		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	162.80
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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**11 / 05 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

PAGE 66 OF 134

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Karen Congema</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address <b>813 Worthington Way</b>		Amount <b>40.00</b>	
City <b>Wilmington</b>	State <b>NC</b>	Zip Code <b>28411</b>	Transaction ID : <b>dc4fac3a-afd9-44ac-b</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1092082.37</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Karen Congema</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address <b>813 Worthington Way</b>		Amount <b>4.80</b>	
City <b>Wilmington</b>	State <b>NC</b>	Zip Code <b>28411</b>	Transaction ID : <b>5d294da1-8d5d-48b5-b</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1092082.37</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>44.80</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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**11 / 05 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 67 OF 134  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Gloria L Moyer</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address 1505 Dills Creek Lane		Amount <b>5.00</b>	
City Morehead	State NC	Zip Code 28557	Transaction ID : 537ba5d5-1f87-4b5e-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Gloria L Moyer</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address 1505 Dills Creek Lane		Amount <b>1.20</b>	
City Morehead	State NC	Zip Code 28557	Transaction ID : 00543466-0fd9-4067-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>6.20</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

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**11 / 05 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 68 OF 134  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Sommer E Cox</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address <b>1519 Walshtown Rd</b>		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">50.00</div>	
City <b>Boomer</b>	State <b>NC</b>	Zip Code <b>28606</b>	<b>Transaction ID : 7a0da6c0-778e-4651-a</b> Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>
Purpose of Expenditure Salary		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1092082.37</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Sommer E Cox</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address <b>1519 Walshtown Rd</b>		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">8.10</div>	
City <b>Boomer</b>	State <b>NC</b>	Zip Code <b>28606</b>	<b>Transaction ID : f967ee8c-38ff-4835-9</b> Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>
Purpose of Expenditure Mileage		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1092082.37</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">58.10</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan*
*[Electronically Filed]*

Date

 MM / DD / YYYY  
**11 / 05 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

PAGE 69 OF 134

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Lisa A Hackett</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address <b>137 S Palm ST</b>		Amount <b>45.00</b>	
City <b>Winnabow</b>	State <b>NC</b>	Zip Code <b>28479</b>	Transaction ID : <b>3d400977-ba19-40b9-8</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1092082.37</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Lisa A Hackett</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address <b>137 S Palm ST</b>		Amount <b>8.88</b>	
City <b>Winnabow</b>	State <b>NC</b>	Zip Code <b>28479</b>	Transaction ID : <b>7a435ea0-0d88-4431-9</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1092082.37</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>53.88</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

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**11 / 05 / 2014**

Signature

Full Name of Payee <b>Christopher L Gilbert</b>		Date of Public Distribution/Dissemination <div> <div>11</div> <div>03</div> <div>2014</div> </div>	
Mailing Address    55 Lovell Johnson Rd		Amount <div>47.10</div>	
City Picayune	State MS	Zip Code 39466	<b>Transaction ID : 3369cb32-a0de-4351-9</b> Date of Disbursement or Obligation <div> <div>11</div> <div>03</div> <div>2014</div> </div>
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought		<div>233263.10</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	132.10
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan*

*[Electronically Filed]*

Date \_\_\_\_\_

Signature

FEC Schedule E (Form 24/28) Rev. 09/2013

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 71 OF 134  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Aldininka D Darensbourg</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address 8200 Palm St Apt 219		Amount <b>50.00</b>	
City New Orleans	State LA	Zip Code 70118	Transaction ID : 9c4a1f05-2150-48d1-b Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>
Purpose of Expenditure Salary	Category/Type <b>001</b>		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>
Calendar Year-To-Date Per Election for Office Sought		<b>233263.10</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Aldininka D Darensbourg</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address 8200 Palm St Apt 219		Amount <b>1.20</b>	
City New Orleans	State LA	Zip Code 70118	Transaction ID : 75ac1d06-5cb6-4d16-9 Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>
Purpose of Expenditure Mileage	Category/Type <b>002</b>		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>
Calendar Year-To-Date Per Election for Office Sought		<b>233263.10</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>51.20</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**11 / 05 / 2014**

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 72 OF 134  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Aldininka D Darensbourg</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>
Mailing Address 8200 Palm St Apt 219		Amount 50.00
City New Orleans	State LA	Zip Code 70118
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : 6654fbc9-a8c8-4f37-8 Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 233263.10		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Aldininka D Darensbourg</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>
Mailing Address 8200 Palm St Apt 219		Amount 1.20
City New Orleans	State LA	Zip Code 70118
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : fdee36ab-08fe-499d-a Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 233263.10		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	51.20
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 73 OF 134  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Mattie Harris</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>
Mailing Address <b>3654 Tara St</b>		Amount 60.00
City <b>springdale</b>	State <b>AR</b>	Zip Code <b>72762</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Transaction ID : <b>47ffff74-fbca-4b1e-b</b> Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>
Calendar Year-To-Date Per Election for Office Sought <b>280777.85</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Heather N Montgomery</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>
Mailing Address <b>106 Wyncrest Ct</b>		Amount 75.00
City <b>Hendersonville</b>	State <b>TN</b>	Zip Code <b>37075</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Transaction ID : <b>41886e03-4997-4fdf-8</b> Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>
Calendar Year-To-Date Per Election for Office Sought <b>280777.85</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>135.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 74 OF 134  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Heather N Montgomery</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 11 / 03 / 2014</div> </div>	
Mailing Address 106 Wyncrest Ct		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">19.50</div>	
City Hendersonville	State TN	Zip Code 37075	<b>Transaction ID : b5442700-e0b3-43d0-8</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 11 / 03 / 2014</div> </div>
Purpose of Expenditure Mileage	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">280777.85</div>	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>William M Criswell</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 11 / 03 / 2014</div> </div>	
Mailing Address 115 Burns Mitchell Drive		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">95.00</div>	
City Belmont	State NC	Zip Code 28012	<b>Transaction ID : addbce32-1aed-4948-a</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 11 / 03 / 2014</div> </div>
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">1092082.37</div>	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">114.50</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 75 OF 134  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		<b>FEC IDENTIFICATION NUMBER ▼</b>	
		<div style="border: 1px solid black; display: inline-block; padding: 2px 10px;"> <b>C</b> C00530766         </div>	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			

Full Name of Payee <b>William M Criswell</b>		Date of Public Distribution/Dissemination	
Mailing Address 115 Burns Mitchell Drive		<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">03</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>	
City Belmont	State NC	Zip Code 28012	Amount 13.50
Purpose of Expenditure Mileage		Category/ Type 002	Transaction ID : <b>bedf7ec9-b740-48bd-b</b> Date of Disbursement or Obligation
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Vonniqua Jackson</b>		Date of Public Distribution/Dissemination	
Mailing Address 111 Westchester Blvd Apt D4		<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">03</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>	
City Slidell	State LA	Zip Code 70458	Amount 100.00
Purpose of Expenditure Salary		Category/ Type 001	Transaction ID : <b>b9fef38e-ebab-441d-8</b> Date of Disbursement or Obligation
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	113.50
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

PAGE 76 OF 134

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Kathy Anderson</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address <b>3041 SW Burlingame Rd</b>		Amount <b>60.00</b>	
City <b>Topeka</b>	State <b>KS</b>	Zip Code <b>66611</b>	Transaction ID : <b>a7145475-4310-4136-8</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>	
Name of Federal Candidate <b>Mr. Greg Orman</b>		<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>KS</b>	
Calendar Year-To-Date Per Election for Office Sought <b>248067.91</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Kathy Anderson</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address <b>3041 SW Burlingame Rd</b>		Amount <b>28.80</b>	
City <b>Topeka</b>	State <b>KS</b>	Zip Code <b>66611</b>	Transaction ID : <b>fb9dd20a-9fb4-414c-8</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>	
Name of Federal Candidate <b>Mr. Greg Orman</b>		<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>KS</b>	
Calendar Year-To-Date Per Election for Office Sought <b>248067.91</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>88.80</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**11 / 05 / 2014**

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 77 OF 134  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Xavier Miller</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address <b>407 randall Dr</b>		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">70.00</div>	
City <b>Searcy</b>	State <b>AR</b>	Zip Code <b>72143</b>	<b>Transaction ID : f1ab2085-277c-492a-b</b> Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>
Purpose of Expenditure Salary		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">280777.85</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Xavier Miller</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address <b>407 randall Dr</b>		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">33.60</div>	
City <b>Searcy</b>	State <b>AR</b>	Zip Code <b>72143</b>	<b>Transaction ID : 861da05d-e237-4ba3-a</b> Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>
Purpose of Expenditure Mileage		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">280777.85</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">103.60</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan*
*[Electronically Filed]*

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**11 / 05 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

PAGE 78 OF 134

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Michael Vidrine</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address 1103 West Wilson Street		Amount 80.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : <b>4ac877bf-137f-4fab-9</b>
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA	
Calendar Year-To-Date Per Election for Office Sought 233263.10		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Michael Vidrine</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address 1103 West Wilson Street		Amount 30.90	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : <b>3a869c86-7489-4dcb-a</b>
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA	
Calendar Year-To-Date Per Election for Office Sought 233263.10		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	110.90
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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**11 / 05 / 2014**

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

PAGE 79 OF 134

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Lucas H Hoyle</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address <b>282 Falls Ave</b>		Amount <b>25.00</b>	
City <b>Granite Falls</b>	State <b>NC</b>	Zip Code <b>28630</b>	Transaction ID : <b>44f5cb0a-f32b-4a58-a</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1092082.37</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Lucas H Hoyle</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address <b>282 Falls Ave</b>		Amount <b>18.30</b>	
City <b>Granite Falls</b>	State <b>NC</b>	Zip Code <b>28630</b>	Transaction ID : <b>23e1e668-56be-4cd2-a</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1092082.37</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>43.30</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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**11 / 05 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 80 OF 134  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Staci J Ingram</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">03</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>	
Mailing Address 2 Crest Knolls Dr Apt 16B		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">108.33</div>	
City Taylorsville	State NC	Zip Code 28681	<b>Transaction ID : 2461ff92-a1b0-4726-9</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">03</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		
Name of Federal Candidate Ms. Kay Hagan		<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support  <input checked="" type="checkbox"/> Oppose         </div> <div>           Office Sought: <input type="checkbox"/> House District: 00  <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC         </div> </div>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1092082.37</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Staci J Ingram</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">03</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>	
Mailing Address 2 Crest Knolls Dr Apt 16B		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">25.14</div>	
City Taylorsville	State NC	Zip Code 28681	<b>Transaction ID : 39d0e263-c6db-4d29-b</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">03</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>
Purpose of Expenditure Mileage	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		
Name of Federal Candidate Ms. Kay Hagan		<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support  <input checked="" type="checkbox"/> Oppose         </div> <div>           Office Sought: <input type="checkbox"/> House District: 00  <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC         </div> </div>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1092082.37</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">133.47</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)

PAGE 81 OF 134

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Chance B Ross</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address 920 W Gracewood Apt 106		Amount 30.00	
City Fayetteville	State AR	Zip Code 72701	Transaction ID : <b>b8ae1557-e4e6-4344-8</b>
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Chance B Ross</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address 920 W Gracewood Apt 106		Amount 18.30	
City Fayetteville	State AR	Zip Code 72701	Transaction ID : <b>7e7e30d7-5057-4280-a</b>
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	48.30
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 82 OF 134  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: space-around; width: 100%;"> <div>MM / DD / YYYY   /  /  </div> <div>MM / DD / YYYY   /  /  </div> <div>MM / DD / YYYY   /  /  </div> </div>	

Full Name of Payee <b>Jon Linch</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 6108 Harkins Ave		Amount 80.00	
City Little Rock	State AR	Zip Code 72210	Transaction ID : 196e44e0-9b27-488c-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: AR	
Calendar Year-To-Date Per Election for Office Sought 280777.85		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Jon Linch</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 6108 Harkins Ave		Amount 29.10	
City Little Rock	State AR	Zip Code 72210	Transaction ID : e7e10eb7-289a-4cf4-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: AR	
Calendar Year-To-Date Per Election for Office Sought 280777.85		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	109.10
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 83 OF 134  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Ashley n Thompson</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">03</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>	
Mailing Address 272 Westgate Ct Apt 6		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">32.50</div>	
City Lexington	State NC		
Purpose of Expenditure Salary	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Transaction ID : 600ee331-9848-48ee-8 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">03</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>	
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1092082.37</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Ashley n Thompson</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">03</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>	
Mailing Address 272 Westgate Ct Apt 6		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">9.00</div>	
City Lexington	State NC		
Purpose of Expenditure Mileage	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>	Transaction ID : c4759f30-8bf7-4cb4-b Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">03</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>	
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1092082.37</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">41.50</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

PAGE 84 OF 134

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		<b>FEC IDENTIFICATION NUMBER ▼</b>	
		<div style="border: 1px solid black; display: inline-block; padding: 2px 10px;"> <b>C</b> C00530766         </div>	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			

Full Name of Payee <b>Randy G Lookabill</b>			Date of Public Distribution/Dissemination		
Mailing Address 200 Carawood Lane			<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">03</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
City Lexington	State NC	Zip Code 27295	Amount 92.50		
Purpose of Expenditure Salary		Category/ Type 001	<b>Transaction ID : 40096e6a-b16d-49db-8</b> Date of Disbursement or Obligation		
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Randy G Lookabill</b>			Date of Public Distribution/Dissemination		
Mailing Address 200 Carawood Lane			<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">03</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
City Lexington	State NC	Zip Code 27295	Amount 33.00		
Purpose of Expenditure Mileage		Category/ Type 002	<b>Transaction ID : 0aee4367-b077-45c2-b</b> Date of Disbursement or Obligation		
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	125.50
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 85 OF 134  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Cynthia N Schmit</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">03</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>	
Mailing Address 2226 Taft Circle Apt 1		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">22.50</div>	
City Winchester	State VA	Zip Code 22601	<b>Transaction ID : 61ead42c-af26-4708-9</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">03</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		
Name of Federal Candidate Mr. Greg Orman		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">248067.91</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>ERIC TABARY</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">03</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>	
Mailing Address 6101 NORA ST		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">65.00</div>	
City METAIRIE	State LA	Zip Code 70003	<b>Transaction ID : 825be083-ca51-4ae8-a</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">03</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">233263.10</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">87.50</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)

PAGE 86 OF 134

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>ERIC TABARY</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address <b>6101 NORA ST</b>		Amount <b>2.40</b>	
City <b>METAIRIE</b>	State <b>LA</b>	Zip Code <b>70003</b>	Transaction ID : <b>8f29e477-ae79-445a-9</b>
Purpose of Expenditure Mileage	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>233263.10</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Chris McCoy</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address <b>1025 Cayley Ct</b>		Amount <b>105.00</b>	
City <b>High Point</b>	State <b>NC</b>	Zip Code <b>27260</b>	Transaction ID : <b>24c8c173-8f1c-49d1-b</b>
Purpose of Expenditure Salary	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1092082.37</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>107.40</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**11 / 05 / 2014**

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

PAGE 87 OF 134

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Chris McCoy</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address 1025 Cayley Ct		Amount <b>28.80</b>	
City High Point	State NC	Zip Code 27260	Transaction ID : <b>6eeca3ab-636f-43e8-b</b> Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>
Purpose of Expenditure Mileage		Category/ Type <b>002</b>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought		<b>1092082.37</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Brandon Wheeler</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address 10112 Piney Creek Ct		Amount <b>70.00</b>	
City Charolette	State NC	Zip Code 28215	Transaction ID : <b>5b0a512d-f8bb-4e65-8</b> Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>
Purpose of Expenditure Salary		Category/ Type <b>001</b>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>
Calendar Year-To-Date Per Election for Office Sought		<b>280777.85</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>98.80</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)

PAGE 88 OF 134

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Brandon Wheeler</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 11 / 03 / 2014</div> </div>		
Mailing Address 10112 Piney Creek Ct			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">27.90</div>		
City Charolette	State NC	Zip Code 28215	<b>Transaction ID : 50ab218d-c112-457d-9</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 11 / 03 / 2014</div> </div>		
Purpose of Expenditure Mileage		Category/ Type 002	Name of Federal Candidate Mr. Mark L Pryor		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Danielle McCoy</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 11 / 03 / 2014</div> </div>		
Mailing Address 1025 Cayley Ct			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">105.00</div>		
City High Point	State NC	Zip Code 27260	<b>Transaction ID : 8f060665-a239-4458-b</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 11 / 03 / 2014</div> </div>		
Purpose of Expenditure Salary		Category/ Type 001	Name of Federal Candidate Ms. Kay Hagan		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">132.90</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 89 OF 134  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Danielle McCoy</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address 1025 Cayley Ct		Amount <b>26.40</b>	
City High Point	State NC	Zip Code 27260	Transaction ID : <b>ba757168-1fd4-4c9b-9</b> Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>
Purpose of Expenditure Mileage	Category/ Type	<b>002</b>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		<b>1092082.37</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Eleanor McCoy</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address 4902 Catawba Dr		Amount <b>105.00</b>	
City Greensboro	State NC	Zip Code 27407	Transaction ID : <b>fd363f48-0160-47df-9</b> Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>
Purpose of Expenditure Salary	Category/ Type	<b>001</b>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		<b>1092082.37</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>131.40</b>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
<b>(c) TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 90 OF 134  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Eleanor McCoy</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address 4902 Catawba Dr		Amount 28.20	
City Greensboro	State NC	Zip Code 27407	<b>Transaction ID : 5b210f84-c5dc-4c52-a</b> Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>
Purpose of Expenditure Mileage		Category/Type 002	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1092082.37		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Todd Ellis</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address P.O. Box 712		Amount 125.00	
City Alexander	State AR	Zip Code 72002	<b>Transaction ID : f031da7b-5970-4bcd-b</b> Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 280777.85		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	153.20
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

PAGE 91 OF 134

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Todd Ellis</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address P.O. Box 712		Amount <b>58.50</b>	
City <b>Alexander</b>	State <b>AR</b>	Zip Code <b>72002</b>	Transaction ID : <b>33b52e2f-b869-4140-a</b>
Purpose of Expenditure Mileage	Category/ Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>280777.85</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Joshua D Syrotchen</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address 915 East Market Ave		Amount <b>80.00</b>	
City <b>Searcy</b>	State <b>AR</b>	Zip Code <b>72149</b>	Transaction ID : <b>f7fd8186-5b19-4556-9</b>
Purpose of Expenditure Salary	Category/ Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>280777.85</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>138.50</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 92 OF 134  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Joshua D Syrotchen</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>
Mailing Address <b>915 East Market Ave</b>		Amount <b>92.70</b>
City <b>Searcy</b>	State <b>AR</b>	Zip Code <b>72149</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Transaction ID : <b>8287ac6f-d5e7-4cf4-9</b> Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>
Calendar Year-To-Date Per Election for Office Sought <b>280777.85</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Jackson S Tuttle</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>
Mailing Address <b>404 Chancery Park Ct</b>		Amount <b>50.00</b>
City <b>Kernersville</b>	State <b>NC</b>	Zip Code <b>27284</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Transaction ID : <b>dde06605-4753-4afd-8</b> Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>
Name of Federal Candidate <b>Ms. Kay Hagan</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <b>1092082.37</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>142.70</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

PAGE 93 OF 134

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Jackson S Tuttle</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address <b>404 Chancery Park Ct</b>		Amount <b>7.50</b>	
City <b>Kernersville</b>	State <b>NC</b>	Zip Code <b>27284</b>	Transaction ID : <b>36e508f3-bf05-4cd0-b</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1092082.37</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Adena V Smith</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address <b>450 Judson Dr</b>		Amount <b>42.50</b>	
City <b>Wake Forest</b>	State <b>NC</b>	Zip Code <b>27587</b>	Transaction ID : <b>b425f0dd-e83e-4143-a</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1092082.37</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>50.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

PAGE 94 OF 134

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Krystal A Wilson</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address <b>448 Judson Dr</b>		Amount <b>42.50</b>	
City <b>Wake Forest</b>	State <b>NC</b>	Zip Code <b>27587</b>	Transaction ID : <b>562626be-53c0-4878-b</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1092082.37</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Krystal A Wilson</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address <b>448 Judson Dr</b>		Amount <b>5.10</b>	
City <b>Wake Forest</b>	State <b>NC</b>	Zip Code <b>27587</b>	Transaction ID : <b>1c1cbd38-6361-4597-8</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1092082.37</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>47.60</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 95 OF 134  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00530766</div>		
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee <b>Maria A Britt</b>			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014</div>		
Mailing Address <b>4894 Thunder Bolt</b>			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">90.00</div>		
City <b>Concord</b>		State <b>NC</b>	Zip Code <b>28205</b>		<b>Transaction ID : 9a7ea1ea-9db3-4a74-a</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014</div>
Purpose of Expenditure <b>Salary</b>		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>			
Name of Federal Candidate <b>Ms. Kay Hagan</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President    State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1092082.37</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Laura U Logie</b>			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014</div>		
Mailing Address <b>2565 Shire Circle</b>			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">50.00</div>		
City <b>Harrisonburg</b>		State <b>VA</b>	Zip Code <b>22801</b>		<b>Transaction ID : e67803cf-f25a-44f6-b</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014</div>
Purpose of Expenditure <b>Salary</b>		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>			
Name of Federal Candidate <b>Mr. Greg Orman</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President    State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">248067.91</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">140.00</div>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  <div style="display: flex; justify-content: space-between;"><div>Signature <u>Ms. Emily Buchanan</u></div><div>[Electronically Filed]</div><div>Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2014</div></div></div>					

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

PAGE 96 OF 134

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		<b>FEC IDENTIFICATION NUMBER ▼</b>	
		<div style="border: 1px solid black; display: inline-block; padding: 2px 10px;"> <b>C</b> C00530766         </div>	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			

Full Name of Payee <b>Ryan Drake</b>		Date of Public Distribution/Dissemination	
Mailing Address 29637 Park St		<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">03</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>	
City Walker	State LA	Zip Code 70785	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">10.00</div>
Purpose of Expenditure Salary		Category/Type <div style="border: 1px solid black; padding: 2px;">001</div>	<b>Transaction ID : 012d31b2-a916-47f7-9</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">03</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: LA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Ryan Drake</b>		Date of Public Distribution/Dissemination	
Mailing Address 29637 Park St		<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">03</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>	
City Walker	State LA	Zip Code 70785	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2.40</div>
Purpose of Expenditure Mileage		Category/Type <div style="border: 1px solid black; padding: 2px;">002</div>	<b>Transaction ID : 3e2c23de-f513-413c-a</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">03</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: LA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">12.40</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 97 OF 134  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Brogan A Benoit</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>
Mailing Address <b>7144 South River Rd</b>		Amount <b>70.00</b>
City <b>Addis</b>	State <b>LA</b>	Zip Code <b>70710</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Transaction ID : <b>71ccc27e-3d10-4684-a</b> Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>
Calendar Year-To-Date Per Election for Office Sought <b>233263.10</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Brogan A Benoit</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>
Mailing Address <b>7144 South River Rd</b>		Amount <b>8.10</b>
City <b>Addis</b>	State <b>LA</b>	Zip Code <b>70710</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Transaction ID : <b>da00b081-d9b5-45ec-9</b> Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>
Calendar Year-To-Date Per Election for Office Sought <b>233263.10</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>78.10</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan**[Electronically Filed]*

Date

MM / DD / YYYY  
**11 / 05 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 98 OF 134  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Cecilla A Rebrick</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 11 / 03 / 2014</div> </div>	
Mailing Address 5003 Allison Lane		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">80.00</div>	
City Ft. Smith	State AR	Zip Code 72901	<b>Transaction ID : 0b928557-b501-410e-8</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 11 / 03 / 2014</div> </div>
Purpose of Expenditure Salary	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">280777.85</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Cecilla A Rebrick</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 11 / 03 / 2014</div> </div>	
Mailing Address 5003 Allison Lane		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.30</div>	
City Ft. Smith	State AR	Zip Code 72901	<b>Transaction ID : 5cd5f861-7e02-45b4-b</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 11 / 03 / 2014</div> </div>
Purpose of Expenditure Mileage	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">280777.85</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">80.30</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan*
*[Electronically Filed]*

Date

MM / DD / YYYY  
11 / 05 / 2014

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 99 OF 134  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Brogan A Benoit</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address <b>7144 South River Rd</b>		Amount <b>70.00</b>	
City <b>Addis</b>	State <b>LA</b>	Zip Code <b>70710</b>	Transaction ID : <b>6d20aa28-0260-4519-8</b> Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>
Purpose of Expenditure <b>Salary</b>		Category/ Type <b>001</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>
Calendar Year-To-Date Per Election for Office Sought <b>233263.10</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Brogan A Benoit</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address <b>7144 South River Rd</b>		Amount <b>8.10</b>	
City <b>Addis</b>	State <b>LA</b>	Zip Code <b>70710</b>	Transaction ID : <b>9f6f359b-150a-4e37-9</b> Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>
Purpose of Expenditure <b>Mileage</b>		Category/ Type <b>002</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>
Calendar Year-To-Date Per Election for Office Sought <b>233263.10</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>78.10</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan**[Electronically Filed]*

Date

MM / DD / YYYY  
**11 / 05 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 100 OF 134  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>OLynda Walker</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 11 / 03 / 2014</div> </div>	
Mailing Address 10000 Mount Pleasant Rd		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">90.00</div>	
City State Zip Code Midland NC 28107	<b>Transaction ID : 0a89d1c1-d65f-4187-8</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 11 / 03 / 2014</div> </div>		
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: NC	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1092082.37</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>OLynda Walker</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 11 / 03 / 2014</div> </div>	
Mailing Address 10000 Mount Pleasant Rd		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">26.70</div>	
City State Zip Code Midland NC 28107	<b>Transaction ID : 40fc85e2-6e46-46fe-9</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 11 / 03 / 2014</div> </div>		
Purpose of Expenditure Mileage	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: NC	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1092082.37</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">116.70</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan*
*[Electronically Filed]*

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MM / DD / YYYY  
11 / 05 / 2014

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 101 OF 134  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Aleksandra B Padua</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">03</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>	
Mailing Address 110 Bridge gate Dr		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">45.00</div>	
City Cary	State NC	Zip Code 27519	<b>Transaction ID : 178e8141-e46a-405c-b</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">03</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		
Name of Federal Candidate Ms. Kay Hagan		<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support  <input checked="" type="checkbox"/> Oppose         </div> <div>           Office Sought: <input type="checkbox"/> House District: 00  <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC         </div> </div>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Aleksandra B Padua</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">03</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>	
Mailing Address 110 Bridge gate Dr		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">11.61</div>	
City Cary	State NC	Zip Code 27519	<b>Transaction ID : 04a0c4e8-a557-4c6b-8</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">03</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>
Purpose of Expenditure Mileage	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		
Name of Federal Candidate Ms. Kay Hagan		<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support  <input checked="" type="checkbox"/> Oppose         </div> <div>           Office Sought: <input type="checkbox"/> House District: 00  <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC         </div> </div>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">56.61</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

PAGE 102 OF 134

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Mr. Roger McKinney</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address <b>308 West Main Street</b>		Amount <b>95.00</b>	
City <b>Pilot Mountain</b>	State <b>NC</b>	Zip Code <b>27041</b>	Transaction ID : <b>52bc3cff-6e17-47e8-a</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1092082.37</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Mr. Roger McKinney</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address <b>308 West Main Street</b>		Amount <b>29.73</b>	
City <b>Pilot Mountain</b>	State <b>NC</b>	Zip Code <b>27041</b>	Transaction ID : <b>2dc9b52a-eb1f-46d7-9</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1092082.37</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>124.73</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**11 / 05 / 2014**

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 103 OF 134  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Glenda McKinney</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 11 / 03 / 2014</div> </div>	
Mailing Address 308 West Main Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">95.00</div>	
City State Zip Code Plot Mountain NC 27041	<b>Transaction ID : ba2a4571-776c-425c-8</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 11 / 03 / 2014</div> </div>		
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">1092082.37</div>			

Full Name of Payee <b>Francesca Blom</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 11 / 03 / 2014</div> </div>	
Mailing Address 101 Asbury Ct		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">80.00</div>	
City State Zip Code Winchester VA 22602	<b>Transaction ID : 6de432e9-3dac-4a4b-8</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 11 / 03 / 2014</div> </div>		
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		
Name of Federal Candidate Mr. Greg Orman		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">248067.91</div>			

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">175.00</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

PAGE 104 OF 134

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Theresa a Youngblood</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>
Mailing Address <b>102 S Main Street Apt A2</b>		Amount <b>110.00</b>
City <b>Berryville</b>	State <b>VA</b>	Zip Code <b>22611</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Transaction ID : <b>34e54226-00b3-4abe-a</b> Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>
Name of Federal Candidate <b>Mr. Greg Orman</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>KS</b>
Calendar Year-To-Date Per Election for Office Sought <b>248067.91</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Timothy Foley</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>
Mailing Address <b>20679 Glenbrook Terrace</b>		Amount <b>40.00</b>
City <b>Sterling</b>	State <b>VA</b>	Zip Code <b>20165</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Transaction ID : <b>95dc12ad-c391-4a3e-a</b> Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>
Name of Federal Candidate <b>Mr. Greg Orman</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>KS</b>
Calendar Year-To-Date Per Election for Office Sought <b>248067.91</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>150.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan**[Electronically Filed]*

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 105 OF 134  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Jennifer F Gilbert</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 11 / 03 / 2014</div> </div>	
Mailing Address 180 McNeil Steep Hollow Rd		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">30.00</div>	
City Carriere	State MS	Zip Code 39426	<b>Transaction ID : 8e942fab-235a-4152-b</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 11 / 03 / 2014</div> </div>
Purpose of Expenditure Salary		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">233263.10</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Jennifer F Gilbert</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 11 / 03 / 2014</div> </div>	
Mailing Address 180 McNeil Steep Hollow Rd		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">21.30</div>	
City Carriere	State MS	Zip Code 39426	<b>Transaction ID : 01c6318c-03c6-46e2-a</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 11 / 03 / 2014</div> </div>
Purpose of Expenditure Mileage		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">233263.10</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">51.30</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

PAGE 106 OF 134

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Stuart T Haley</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address <b>600 W Vine Ave</b>		Amount <b>95.00</b>	
City <b>Searcy</b>	State <b>AR</b>	Zip Code <b>72143</b>	Transaction ID : <b>c9cc408e-ad6f-4489-b</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>280777.85</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Stuart T Haley</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address <b>600 W Vine Ave</b>		Amount <b>30.00</b>	
City <b>Searcy</b>	State <b>AR</b>	Zip Code <b>72143</b>	Transaction ID : <b>77dfff65-8c65-4514-b</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>280777.85</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>125.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)

PAGE 107 OF 134

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Ms. Tonya Boyd</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address <b>2357 Fancy Cap Rd</b>		Amount <b>80.00</b>	
City <b>Mt. Airy</b>	State <b>NC</b>	Zip Code <b>27030</b>	Transaction ID : <b>3c34f50e-aaae-49b8-b</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1092082.37</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Ms. Tonya Boyd</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address <b>2357 Fancy Cap Rd</b>		Amount <b>14.85</b>	
City <b>Mt. Airy</b>	State <b>NC</b>	Zip Code <b>27030</b>	Transaction ID : <b>240d8974-decc-4d1d-b</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1092082.37</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>94.85</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)

PAGE 108 OF 134

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Dianna R Williams</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address <b>1510 W Pawnee Apt 2103</b>		Amount <b>62.50</b>	
City <b>Wichita</b>	State <b>KS</b>	Zip Code <b>67213</b>	Transaction ID : <b>0432fb26-348d-41a5-8</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>	
Name of Federal Candidate <b>Mr. Greg Orman</b>		<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>KS</b>	
Calendar Year-To-Date Per Election for Office Sought <b>248067.91</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Dianna R Williams</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address <b>1510 W Pawnee Apt 2103</b>		Amount <b>15.60</b>	
City <b>Wichita</b>	State <b>KS</b>	Zip Code <b>67213</b>	Transaction ID : <b>c0f8f7f9-aa33-412d-b</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>	
Name of Federal Candidate <b>Mr. Greg Orman</b>		<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>KS</b>	
Calendar Year-To-Date Per Election for Office Sought <b>248067.91</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>78.10</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**11 / 05 / 2014**

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 109 OF 134  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Jake Mathews</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address <b>6418 East 12 St</b>		Amount <b>40.00</b>	
City <b>Wichita</b>	State <b>KS</b>	Zip Code <b>67206</b>	Transaction ID : <b>dce9a343-251e-4253-b</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>	
Name of Federal Candidate <b>Mr. Greg Orman</b>		<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>KS</b>	
Calendar Year-To-Date Per Election for Office Sought <b>248067.91</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Jake Mathews</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address <b>6418 East 12 St</b>		Amount <b>22.80</b>	
City <b>Wichita</b>	State <b>KS</b>	Zip Code <b>67206</b>	Transaction ID : <b>523cdecc-a185-4f58-b</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>	
Name of Federal Candidate <b>Mr. Greg Orman</b>		<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>KS</b>	
Calendar Year-To-Date Per Election for Office Sought <b>248067.91</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>62.80</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 110 OF 134  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Marilyn Galliardt</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>
Mailing Address <b>410 Wedgewood Ct</b>		Amount 60.00
City <b>Hesston</b>	State <b>KS</b>	Zip Code <b>67062</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Transaction ID : <b>73a3d21a-cd2b-48d6-a</b> Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>
Name of Federal Candidate <b>Mr. Greg Orman</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> Senate State: <b>KS</b>
Calendar Year-To-Date Per Election for Office Sought <b>248067.91</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Phillip Williams</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>
Mailing Address <b>3007 Darden Rd</b>		Amount 80.00
City <b>Greensboro</b>	State <b>NC</b>	Zip Code <b>27407</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Transaction ID : <b>e73ae316-dbb1-4b79-a</b> Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>
Name of Federal Candidate <b>Ms. Kay Hagan</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <b>1092082.37</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>140.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan**[Electronically Filed]*

Date

MM / DD / YYYY  
**11 / 05 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 111 OF 134  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Marilyn Galliardt</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 11 / 03 / 2014</div> </div>	
Mailing Address 410 Wedgewood Ct		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">60.00</div>	
City Hesston	State KS	Zip Code 67062	<b>Transaction ID : e7a585a8-1996-4902-b</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 11 / 03 / 2014</div> </div>
Purpose of Expenditure Salary	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		
Name of Federal Candidate Mr. Greg Orman		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KS
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">248067.91</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Phillip Williams</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 11 / 03 / 2014</div> </div>	
Mailing Address 3007 Darden Rd		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">18.60</div>	
City Greensboro	State NC	Zip Code 27407	<b>Transaction ID : 29dc4162-856f-414e-9</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 11 / 03 / 2014</div> </div>
Purpose of Expenditure Mileage	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1092082.37</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">78.60</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan*
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11 / 05 / 2014

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

PAGE 112 OF 134

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		<b>FEC IDENTIFICATION NUMBER ▼</b>
		<div style="border: 1px solid black; display: inline-block; padding: 2px 10px;"> <b>C</b> C00530766       </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee <b>Marilyn Galliardt</b>		Date of Public Distribution/Dissemination	
Mailing Address 410 Wedgewood Ct		<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">03</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>	
City Hesston	State KS	Zip Code 67062	Amount 45.00
Purpose of Expenditure Mileage		Category/Type 002	<b>Transaction ID : 36f6cdcb-861b-491d-9</b> Date of Disbursement or Obligation
Name of Federal Candidate Mr. Greg Orman		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Beverly Williams</b>		Date of Public Distribution/Dissemination	
Mailing Address 3007 Darden Rd		<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">03</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>	
City Greensboro	State NC	Zip Code 27407	Amount 80.00
Purpose of Expenditure Salary		Category/Type 001	<b>Transaction ID : 279df79f-6b5f-4cd3-b</b> Date of Disbursement or Obligation
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	125.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

PAGE 113 OF 134

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>LaVonna A Brown</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address <b>1211 Treaty Rd</b>		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">80.00</div>	
City <b>Delphos</b>	State <b>KS</b>	Zip Code <b>67436</b>	<b>Transaction ID : f5333173-adb3-4d08-8</b> Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		
Name of Federal Candidate <b>Mr. Greg Orman</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>KS</b>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">248067.91</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>LaVonna A Brown</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address <b>1211 Treaty Rd</b>		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">24.00</div>	
City <b>Delphos</b>	State <b>KS</b>	Zip Code <b>67436</b>	<b>Transaction ID : 8cffb720-2d19-4548-8</b> Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		
Name of Federal Candidate <b>Mr. Greg Orman</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>KS</b>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">248067.91</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">104.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**11 / 05 / 2014**

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 114 OF 134  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Zachary R McCleese</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 11 / 03 / 2014</div> </div>		
Mailing Address 323 Rolling Pines Dr			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">70.00</div>		
City Spring Lake	State NC	Zip Code 28390	<b>Transaction ID : ac86c70a-622c-4a50-9</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 11 / 03 / 2014</div> </div>		
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">280777.85</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Zachary R McCleese</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 11 / 03 / 2014</div> </div>		
Mailing Address 323 Rolling Pines Dr			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">21.30</div>		
City Spring Lake	State NC	Zip Code 28390	<b>Transaction ID : f6db405e-cb4e-4845-b</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 11 / 03 / 2014</div> </div>		
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">280777.85</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">91.30</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan*
*[Electronically Filed]*

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11 / 05 / 2014

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 115 OF 134  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Tywan Scott-Kwofie</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address <b>117 East Maple St</b>		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">55.00</div>	
City <b>Bucklin</b>	State <b>KS</b>	Zip Code <b>67834</b>	<b>Transaction ID : 86928990-6b92-4863-8</b> Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>
Purpose of Expenditure Salary		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	
Name of Federal Candidate <b>Mr. Greg Orman</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>KS</b>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">248067.91</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Tywan Scott-Kwofie</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address <b>117 East Maple St</b>		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">7.63</div>	
City <b>Bucklin</b>	State <b>KS</b>	Zip Code <b>67834</b>	<b>Transaction ID : 650b6c2b-eb32-4edb-a</b> Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>
Purpose of Expenditure Mileage		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>	
Name of Federal Candidate <b>Mr. Greg Orman</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>KS</b>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">248067.91</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">62.63</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan*
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**11 / 05 / 2014**

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

PAGE 116 OF 134

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Windy Hageman</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address 5521 Randolph St.		Amount 65.00	
City Marrero	State LA	Zip Code 70072	Transaction ID : 964243d8-c277-4ded-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA	
Calendar Year-To-Date Per Election for Office Sought 233263.10		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Windy Hageman</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address 5521 Randolph St.		Amount 16.50	
City Marrero	State LA	Zip Code 70072	Transaction ID : 3867a660-8682-4d7c-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA	
Calendar Year-To-Date Per Election for Office Sought 233263.10		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	81.50
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**11 / 05 / 2014**

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)

PAGE 117 OF 134

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Trevor D Hageman</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address 5521 Randolph St		Amount <b>12.50</b>	
City Marrero	State LA	Zip Code 70072	<b>Transaction ID : 8ebad960-2fb3-432d-9</b>
Purpose of Expenditure Salary	Category/ Type	<b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought		<b>233263.10</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Colton R Overcash</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address 121 Ohara Dr		Amount <b>95.00</b>	
City Salisbury	State NC	Zip Code 28147	<b>Transaction ID : 747b1f81-4a13-41e8-9</b>
Purpose of Expenditure Salary	Category/ Type	<b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		<b>1092082.37</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>107.50</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY  
**11 / 05 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

PAGE 118 OF 134

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)  
**Women Speak Out PAC**

FEC IDENTIFICATION NUMBER ▼

**C** C00530766Check if ☒ 24-hour report ☐ 48-hour report☒ New report ☐ Amends report filed onM M M / D D D / Y Y Y Y Y Y  
11 / 03 / 2014Full Name of Payee  
**Colton R Overcash**

Date of Public Distribution/Dissemination

M M M / D D D / Y Y Y Y Y Y  
11 / 03 / 2014

Mailing Address 121 Ohara Dr

Amount

165.00

City State Zip Code  
Salisbury NC 28147

Transaction ID : 18e3237b-295f-45f7-b

Date of Disbursement or Obligation

Purpose of Expenditure  
MileageCategory/  
Type 002M M M / D D D / Y Y Y Y Y Y  
11 / 03 / 2014

Name of Federal Candidate

Ms. Kay Hagan

☐ Support  
☒ OpposeOffice Sought: ☐ House District: 00  
☐ President ☒ Senate State: NCCalendar Year-To-Date  
Per Election for Office Sought

1092082.37

Disbursement For: ☐ Primary ☒ General  
2014 ☐ Other (specify) ▶Full Name of Payee  
**Ralph Smith**

Date of Public Distribution/Dissemination

M M M / D D D / Y Y Y Y Y Y  
11 / 03 / 2014

Mailing Address 2090 Fancy Gap Rd

Amount

80.00

City State Zip Code  
Mt. Airy NC 27030

Transaction ID : e8b3fd36-a852-446d-8

Date of Disbursement or Obligation

Purpose of Expenditure  
SalaryCategory/  
Type 001M M M / D D D / Y Y Y Y Y Y  
11 / 03 / 2014

Name of Federal Candidate

Ms. Kay Hagan

☐ Support  
☒ OpposeOffice Sought: ☐ House District: 00  
☐ President ☒ Senate State: NCCalendar Year-To-Date  
Per Election for Office Sought

1092082.37

Disbursement For: ☐ Primary ☒ General  
2014 ☐ Other (specify) ▶(a) **SUBTOTAL** of Itemized Independent Expenditures..... ▶

245.00

(b) **SUBTOTAL** of Unitemized Independent Expenditures ..... ▶(c) **TOTAL** Independent Expenditures..... ▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
11 / 05 / 2014

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

PAGE 119 OF 134

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Ralph Smith</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">03</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>	
Mailing Address 2090 Fancy Gap Rd		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">14.85</div>	
City Mt. Airy	State NC	Zip Code 27030	<b>Transaction ID : 676d4e17-cc91-44a2-b</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">03</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>
Purpose of Expenditure Mileage		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">1092082.37</div>	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Dylan J Sparks</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">03</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>	
Mailing Address 915 East Market Ave		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">100.00</div>	
City Searcy	State AR	Zip Code 72149	<b>Transaction ID : cfcdd7dd-ed9b-4d24-a</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">03</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>
Purpose of Expenditure Salary		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">280777.85</div>	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">114.85</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan*
*[Electronically Filed]*

Date

11

05

2014

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 120 OF 134  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Dylan J Sparks</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address <b>915 East Market Ave</b>		Amount <b>75.60</b>	
City <b>Searcy</b>	State <b>AR</b>	Zip Code <b>72149</b>	Transaction ID : <b>4448cac1-0a8a-4200-a</b>
Purpose of Expenditure Mileage		Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>
Calendar Year-To-Date Per Election for Office Sought <b>280777.85</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Jordyn Kilbury</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address <b>5416 S Santa Fe Street</b>		Amount <b>70.00</b>	
City <b>Wichita</b>	State <b>KS</b>	Zip Code <b>67216</b>	Transaction ID : <b>89e4fc2b-199d-4994-a</b>
Purpose of Expenditure Salary		Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>
Name of Federal Candidate <b>Mr. Greg Orman</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>KS</b>
Calendar Year-To-Date Per Election for Office Sought <b>248067.91</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>145.60</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 121 OF 134  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Jordyn Kilbury</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>
Mailing Address <b>5416 S Santa Fe Street</b>		Amount <b>8.70</b>
City <b>Wichita</b>	State <b>KS</b>	Zip Code <b>67216</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Transaction ID : <b>4da455e5-45a0-4f57-a</b> Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>
Name of Federal Candidate <b>Mr. Greg Orman</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>KS</b>
Calendar Year-To-Date Per Election for Office Sought <b>248067.91</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Joneisha Stewart</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>
Mailing Address <b>2329 Runnymede Dr</b>		Amount <b>30.00</b>
City <b>Marrero</b>	State <b>LA</b>	Zip Code <b>70072</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Transaction ID : <b>85cf03ba-0fcf-4b03-8</b> Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>
Calendar Year-To-Date Per Election for Office Sought <b>233263.10</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>38.70</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan**[Electronically Filed]*

Date

MM / DD / YYYY  
**11 / 05 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 122 OF 134  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Joneisha Stewart</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address <b>2329 Runnymede Dr</b>		Amount <b>7.80</b>	
City <b>Marrero</b>	State <b>LA</b>	Zip Code <b>70072</b>	Transaction ID : <b>b5d72e35-d214-4acd-8</b>
Purpose of Expenditure Mileage	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>233263.10</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Robert B Johnson</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address <b>804 Worthington Way</b>		Amount <b>20.00</b>	
City <b>Wilmington</b>	State <b>NC</b>	Zip Code <b>28411</b>	Transaction ID : <b>f5d8cbf9-177e-455d-9</b>
Purpose of Expenditure Salary	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1092082.37</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>27.80</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**11 / 05 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 123 OF 134  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Jacob T Craig</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>11</div><div>03</div><div>2014</div></div>	
Mailing Address 1410 Bushville Dr		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">20.00</div>	
City Lenoir	State NC	Zip Code 28645	<b>Transaction ID : 80f7545e-9a56-4d88-9</b> Date of Disbursement or Obligation MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>11</div><div>03</div><div>2014</div></div>
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">1092082.37</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Joseph R English</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>11</div><div>03</div><div>2014</div></div>	
Mailing Address 915 East Market Ave Apt 4		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">100.00</div>	
City Searcy	State AR	Zip Code 72143	<b>Transaction ID : ab2be2f2-3f52-4fe9-8</b> Date of Disbursement or Obligation MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>11</div><div>03</div><div>2014</div></div>
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">280777.85</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">120.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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11 / 05 / 2014

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 124 OF 134  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Joseph R English</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">03</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>	
Mailing Address 915 East Market Ave Apt 4		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">52.50</div>	
City State Zip Code Searcy AR 72143	<b>Transaction ID : 201823e9-0182-47c4-8</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">03</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
Purpose of Expenditure Mileage	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: AR	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Carl Brent</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">02</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>	
Mailing Address 6718 Lake Willow Dr		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">80.00</div>	
City State Zip Code New Orleans LA 70126	<b>Transaction ID : 5898be5c-0353-4f95-8</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">02</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00 <input type="checkbox"/> President    State: LA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">132.50</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan*
*[Electronically Filed]*

Date

11

05

2014

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 125 OF 134  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Carl Brent</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 02 / 2014</b>
Mailing Address <b>6718 Lake Willow Dr</b>		Amount <b>14.70</b>
City <b>New Orleans</b>	State <b>LA</b>	Zip Code <b>70126</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Transaction ID : <b>40c34e40-787b-428a-8</b> Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 02 / 2014</b>
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> Senate State: <b>LA</b>
Calendar Year-To-Date Per Election for Office Sought <b>233263.10</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Jonathan M Harris</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 02 / 2014</b>
Mailing Address <b>3654 Tara St</b>		Amount <b>60.00</b>
City <b>Springdale</b>	State <b>AR</b>	Zip Code <b>72762</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Transaction ID : <b>6312687c-8619-4c6f-9</b> Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 02 / 2014</b>
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> Senate State: <b>AR</b>
Calendar Year-To-Date Per Election for Office Sought <b>280777.85</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>74.70</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan**[Electronically Filed]*

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**11 / 05 / 2014**

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)

PAGE 126 OF 134

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Jonathan M Harris</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 02 / 2014</b>	
Mailing Address <b>3654 Tara St</b>		Amount <b>7.20</b>	
City <b>Springdale</b>	State <b>AR</b>	Zip Code <b>72762</b>	Transaction ID : <b>95eb1cff-74fb-4861-b</b>
Purpose of Expenditure Mileage	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 02 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>280777.85</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Kaitlyn B Allen</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 02 / 2014</b>	
Mailing Address <b>2121 Daniel Dr</b>		Amount <b>110.00</b>	
City <b>Searcy</b>	State <b>AR</b>	Zip Code <b>72143</b>	Transaction ID : <b>c5b7ebd9-4550-466a-9</b>
Purpose of Expenditure Salary	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 02 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>280777.85</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>117.20</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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**11 / 05 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 127 OF 134  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Kaitlyn B Allen</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 02 / 2014</b>	
Mailing Address <b>2121 Daniel Dr</b>		Amount <b>23.40</b>	
City <b>Searcy</b>	State <b>AR</b>	Zip Code <b>72143</b>	Transaction ID : <b>05f04e5c-14a8-434b-8</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 02 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>280777.85</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Rose M Aldapa</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address <b>14817 E 29th N</b>		Amount <b>15.00</b>	
City <b>Wichita</b>	State <b>KS</b>	Zip Code <b>67228</b>	Transaction ID : <b>1739b543-7be8-4209-9</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>	
Name of Federal Candidate <b>Mr. Greg Orman</b>		<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>KS</b>	
Calendar Year-To-Date Per Election for Office Sought <b>248067.91</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>38.40</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 128 OF 134  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Rose M Aldapa</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>11</div><div>03</div><div>2014</div></div>	
Mailing Address 14817 E 29th N		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">12.00</div>	
City Wichita	State KS	Zip Code 67228	<b>Transaction ID : c476c33b-9317-4ceb-8</b> Date of Disbursement or Obligation MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>11</div><div>03</div><div>2014</div></div>
Purpose of Expenditure Mileage		Category/Type 002	
Name of Federal Candidate Mr. Greg Orman		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">248067.91</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Rose M Aldapa</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>11</div><div>02</div><div>2014</div></div>	
Mailing Address 14817 E 29th N		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">35.00</div>	
City Wichita	State KS	Zip Code 67228	<b>Transaction ID : 56bdbe4e-cd80-4b76-b</b> Date of Disbursement or Obligation MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>11</div><div>02</div><div>2014</div></div>
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Mr. Greg Orman		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">248067.91</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">47.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 129 OF 134  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Rose M Aldapa</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">02</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>	
Mailing Address    14817 E 29th N		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">15.90</div>	
City Wichita	State KS	Zip Code 67228	<b>Transaction ID : efe54bcc-1126-4035-9</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">02</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>
Purpose of Expenditure Mileage	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		
Name of Federal Candidate Mr. Greg Orman		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>KS</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">248067.91</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Caelan J Blair</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">03</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>	
Mailing Address    510 Haymaker Hall		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">15.00</div>	
City Manhattan	State KS	Zip Code 66506	<b>Transaction ID : 0cdc9a4b-35b2-47fd-8</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">03</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		
Name of Federal Candidate Mr. Greg Orman		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>KS</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">248067.91</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">30.90</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan*
*[Electronically Filed]*

Date

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Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

PAGE 130 OF 134

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Carol L Walters</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address 1900 Glen West Way		Amount 90.00	
City Fort Smith	State AR	Zip Code 72916	Transaction ID : 75d8eb17-d1fc-4139-a Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>
Purpose of Expenditure Salary	Category/Type 001		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Carol L Walters</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address 1900 Glen West Way		Amount 23.10	
City Fort Smith	State AR	Zip Code 72916	Transaction ID : 5790fb02-ce99-4177-9 Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>
Purpose of Expenditure Mileage	Category/Type 002		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	113.10
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**11 / 05 / 2014**

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 131 OF 134  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div>	

Full Name of Payee <b>Hannah K Smith</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div>	
Mailing Address 633 Scott Dr		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">90.00</div>	
City Gibsonville	State NC	Zip Code 27249	Transaction ID : 09f4a4c9-4469-44bc-8
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Hannah K Smith</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div>	
Mailing Address 633 Scott Dr		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">17.40</div>	
City Gibsonville	State NC	Zip Code 27249	Transaction ID : 2ff35760-b3dd-45cf-8
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">107.40</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 132 OF 134  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Kaylan N Swanson</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">03</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>	
Mailing Address    633 Scott Dr		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">90.00</div>	
City Gibsonville	State NC		
Purpose of Expenditure Salary	Category/ Type <div style="border: 1px solid black; padding: 2px;">001</div>	Transaction ID : <b>c9e7003d-8fe8-4eba-9</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">03</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>	
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1092082.37</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ►	

Full Name of Payee <b>Lance Reichenberger</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">03</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>	
Mailing Address    1426 N Glendale		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">50.00</div>	
City Wichita	State KS		
Purpose of Expenditure Salary	Category/ Type <div style="border: 1px solid black; padding: 2px;">001</div>	Transaction ID : <b>d229495d-c11e-4539-9</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">03</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>	
Name of Federal Candidate Mr. Greg Orman		Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">248067.91</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ►	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;">140.00</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
<b>(c) TOTAL</b> Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

11

05

2014

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 133 OF 134  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Lance Reichenberger</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">03</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>	
Mailing Address 1426 N Glendale		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">9.00</div>	
City Wichita	State KS	Zip Code 67208	<b>Transaction ID : 4f79504d-3b0e-4aa3-8</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">03</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>
Purpose of Expenditure Mileage	Category/ Type	<div style="border: 1px solid black; padding: 2px; text-align: center;">002</div>	
Name of Federal Candidate Mr. Greg Orman		<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support  <input checked="" type="checkbox"/> Oppose         </div> <div>           Office Sought: <input type="checkbox"/> House    District: <u>00</u>  <input type="checkbox"/> President    <input checked="" type="checkbox"/> Senate    State: <u>KS</u> </div> </div>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

248067.91

Full Name of Payee <b>Carl Brent</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">03</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>	
Mailing Address 6718 Lake Willow Dr		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">80.00</div>	
City New Orleans	State LA	Zip Code 70126	<b>Transaction ID : 3bb1acbc-7392-4ebd-8</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">03</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>
Purpose of Expenditure Salary	Category/ Type	<div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>	
Name of Federal Candidate Ms. Mary L Landrieu		<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support  <input checked="" type="checkbox"/> Oppose         </div> <div>           Office Sought: <input type="checkbox"/> House    District: <u>00</u>  <input type="checkbox"/> President    <input checked="" type="checkbox"/> Senate    State: <u>LA</u> </div> </div>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

233263.10

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">89.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan*
*[Electronically Filed]*

Date

11

05

2014

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 134 OF 134  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Carl Brent</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2014</b>	
Mailing Address <b>6718 Lake Willow Dr</b>		Amount <b>24.00</b>	
City <b>New Orleans</b>	State <b>LA</b>	Zip Code <b>70126</b>	<b>Transaction ID : 6b5bcb36-f531-4a78-9</b> Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2014</b>
Purpose of Expenditure Mileage		Category/Type <b>002</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>
Calendar Year-To-Date Per Election for Office Sought <b>233263.10</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure		Category/Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>24.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<b>11765.93</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan*
*[Electronically Filed]*

Date

 MM / DD / YYYY  
**11 / 05 / 2014**

Signature